



LBNL Laser Safety Program, Laser Safety by a cooperative effort
Temporary Work Authorization

Work as described below may be performed during the stated period after all required concurrences and authorizations have been obtained. **TWA #003-11-2010**

Effective date: 11/12/10 **Expiration Date:** 12/10/10

Work Location: Building 71 **Room:** 174

Maximum duration: 4 weeks

Work Scope (describe work including permitted and prohibited activities, boundaries and "stop points" as appropriate):

Initial set up, testing of laser system and setting of beam path- 1064 nm system

Controls required I am issuing TWA as Laser Safety Officer for LBNL per ANSI Z136.1 Safe Use of Laser, the LBNL Work Smart Standard and Pub 3000, chapter 16. My hazard evaluation conclusion is that engineering and temporary administrative controls listed below are sufficient to mitigate the laser hazard:

1. Laser Interlock to be activated
2. Access control (combination lock) to be activated
3. User(s) to wear laser protective eyewear
4. No unattended open beam laser work (unless room posted as such)
5. When the laser is on, windows will be blocked with shades/blinds
6. User responsible for anyone entering the room
7. Notice to be posted on room door
8. Users to have completed LBNL Laser Safety Training
9. AHD for 71-174 to be developed during this period

Personnel included in this authorization (signature denotes verification that training in the provisions of this Temporary Work Authorization has been provided)

Work Leader RUSSELL WILCOX Russell Wilcox NOV 11, 2010
Name Signature Date

(Work Leader is responsible for assuring that all required training, including job- and task-specific training, is provided prior to beginning work)

John Byrd [Signature] 11/11/2010
Name Signature Date

Gang Huang [Signature] 11/11/2010
Name Signature Date

ZOLOTOLEV MAY [Signature] 11/11/2010
Name Signature Date

JAMES B GREER [Signature] 11/12/2010
Name Signature Date

[Signature] [Signature] 11/12/2010
Name Signature Date

Concurrences and Work Authorization
Principal Investigator Concurrence John Byrd [Signature] 11/11/2010
Name Signature Date

EH&S Concurrence [Signature] [Signature] 11-11-10
Ken Barat, LSO Signature Date

Work Authorization [Signature] [Signature] 11/15/10
Division Director Signature

Completed form (all required signatures) is to be faxed to Ken Barat, ext. 2323 or MS 71-

259

JOHN Staples
NAME

[Signature]
SIGNATURE

15 NOV 10
DATE